United Nations Decade of Disabled Persons, 1983-1992

WORLD PROGRAMME OF ACTION CONCERNING DISABLED PERSONS

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WORLD PROGRAMME OF ACTION CONCERNING DISABLED PERSONS

I. OBJECTIVES, BACKGROUND AND CONCEPTS

A. Objectives

1. The purpose of the World Programme of Action concerning Disabled Persons is to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of "full participation" of disabled persons in social life and development, and of "equality". This means opportunities equal to those of the whole population and an equal share in the improvement in living conditions resulting from social and economic development. These concepts should apply with the same scope and with the same urgency to all countries, regardless of their level of development.

B. Background

2. More than 500 million people in the world are disabled as a consequence of mental, physical or sensory impairment. They are entitled to the same rights as all other human beings and to equal opportunities. Too often their lives are handicapped by physical and social barriers in society which hamper their full participation. Because of this, millions of children and adults in all parts of the world often face a life that is segregated and debased.

3. An analysis of the situation of disabled persons has to be carried out within the context of different levels of economic and social development and different cultures. Everywhere, however, the ultimate responsibility for remedying the conditions that lead to impairment and for dealing with the consequences of disability rests with Governments. This does not weaken the responsibility of society in general, or of individuals, or of organizations. Governments should take the lead in awakening the consciousness of populations regarding the gains to be derived by individuals and society from the inclusion of disabled persons in every area of social, economic and political life. Governments must also ensure that people who are made dependent by severe disability have an opportunity to achieve a standard of living equal to that of their fellow citizens. Non-governmental organizations can, in different ways, assist Governments by formulating needs, suggesting suitable solutions and providing services complementary to those provided by Governments. Sharing of financial and material

resources by all sections of the population, not omitting the rural areas of developing countries, could be of major significance to disabled persons by resulting in expanded community services and improved economic opportunities.

4. Much disability could be prevented through measures taken against malnutrition, environmental pollution, poor hygiene, inadequate pre-natal and post-natal care, water-borne diseases and accidents of all types. The international community could make a major breakthrough against disabilities caused by poliomyelitis, tetanus, whooping-cough and diphtheria, and to a lesser extent tuberculosis, through a worldwide expansion of programmes of immunization.

5. In many countries, the prerequisites for achieving the purposes of the Programme are economic and social development, extended services provided to the whole population in the humanitarian area, the redistribution of resources and income and an improvement in the living standards of the population. It is necessary to use every effort to prevent wars leading to devastation, castastrophe and poverty, hunger, suffering, diseases and mass disability of people, and therefore to adopt measures at all levels to strengthen international peace and security, to settle all international disputes by peaceful means and to eliminate all forms of racism and racial discrimination in countries where they still exist. It would also be desirable to recommend to all States Members of the United Nations, that they maximize the use of their resources for peaceful purposes, including prevention of disability and satisfaction of the needs of disabled persons. All forms of technical assistance that help developing countries to move towards these objectives can support the implementation of the Programme. The realization of these objectives will, however, require extended periods of effort, during which the number of disabled persons is likely to increase. Without effective remedial action, the consequences of disability will add to the obstacles to development. Hence, it is essential that all nations should include in their general development plans immediate measures for the prevention of disability, for the rehabilitation of disabled persons and for the equalization of opportunities.

C. Definitions

6. The following distinction is made by the World Health Organization, in the context of health experience, between impairment, disability and handicap:

"Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function. *Disability:* Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. *Handicap:* A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for that individual."[a]

7. Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others.

8. Disabled people do not form a homogeneous group. For example, the mentally ill and the mentally retarded, the visually, hearing and speech impaired, those with restricted mobility or with so-called "medical disabilities" all encounter different barriers, of different kinds, which have to be overcome in different ways.

9. The following definitions are developed from that perspective. The relevant terms of action proposed in the World Programme are defined as prevention, rehabilitation and equalization of opportunities.

10. *Prevention* means measures aimed at preventing the onset of mental, physical and sensory impairments (primary prevention) or at preventing impairment, when it has occurred, from having negative physical, psychological and social consequences.

11. *Rehabilitation* means a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level, thus providing her or him with the tools to change her or his own life. It can involve measures intended to compensate for a loss of function or a functional limitation (for example by technical aids) and other measures intended to facilitate social adjustment or readjustment.

12. *Equalization of opportunities* means the process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all.

D. Prevention

13. A strategy of prevention is essential for reducing the incidence of impairment and disability. The main elements of such a strategy would vary according to a country's state of development, and are as follows:

(*a*) The most important measures for prevention of impairment are: avoidance of war; improvement of the educational, economic and social status of the least privileged groups; identification of types of impairment and their causes within defined geographical areas; introduction of specific intervention measures through better nutritional practices; improvement of health services, early detection and diagnosis; pre-natal and post-natal care; proper health care instruction, including patient and physician education; family planning; legislation and regulations; modification of life-styles; selective placement services; education regarding environmental hazards; the fostering of better informed and strengthened families and communities.

(*b*) To the extent that development takes place, old hazards are reduced and new ones arise. These changing circumstances require a shift in strategy, such as nutrition intervention programmes directed at specific population groups most at risk owing to vitamin A deficiency; improved medical care for the aging; training and regulations to reduce accidents in industry, in agriculture, on the roads and in the home; the control of environmental pollution and of the use and abuse of drugs and alcohol. In this connection, the WHO strategy for Health for All by the Year 2000 through primary health care should be given proper attention.

14. Measures should be taken for the earliest possible detection of the symptoms and signs of impairment, to be followed immediately by the necessary curative or remedial action, which can prevent disability or at least lead to significant reductions in the severity of disability and can often prevent its becoming a lasting condition. For early detection it is important to ensure adequate education and orientation of families and technical assistance to them by medical social services.

E. Rehabilitation

15. Rehabilitation usually includes the following types of services:

(*a*) Early detection, diagnosis and intervention;

(*b*) Medical care and treatment;

(*c*) Social, psychological and other types of counselling and assistance;

(*d*) Training in self-care activities, including mobility, communication and daily living skills, with special provisions as needed, e.g., for the hearing impaired, the visually impaired and the mentally retarded;

(*e*) Provision of technical and mobility aids and other devices;

(*f*) Specialized education services;

(*g*) Vocational rehabilitation services (including vocational guidance), vocational training, placement in open or sheltered employment;

(*h*) Follow-up.

16. In all rehabilitation efforts, emphasis should be placed on the abilities of the individual, whose integrity and dignity must be respected. The normal development and maturation process of disabled children should be given the maximum attention. The capacities of disabled adults to perform work and other activities should be utilized.

17. Important resources for rehabilitation exist in the families of disabled persons and in their communities. In helping disabled persons, every effort should be made to keep their families together, to enable them to live in their own communities and to support family and community groups who are working with this objective. In planning rehabilitation and supportive programmes, it is essential to take into account the customs and structures of the family and community and to promote their abilities to respond to the needs of the disabled individual.

18. Services for disabled persons should be provided, whenever possible, within the existing social, health, education and labour structures of society. These include all levels of health care;

primary, secondary and higher education; general programmes of vocational training and placement in employment; and measures of social security and social services. Rehabilitation services are aimed at facilitating the participation of disabled persons in regular community services and activities. Rehabilitation should take place in the natural environment, supported by community-based services and specialized institutions. Large institutions should be avoided. Specialized institutions, where they are necessary, should be organized so as to ensure an early and lasting integration of disabled persons into society.

19. Rehabilitation programmes should make it possible for disabled persons to take part in designing and organizing the services that they and their families consider necessary. Procedures for the participation of disabled persons in the decision-making relating to their rehabilitation should be provided for within the system. When people such as the severely mentally disabled may not be able to represent themselves adequately in decisions affecting their lives, family members or legally-designated agents should take part in planning and decision-making.

20. Efforts should be increased to develop rehabilitation services integrated in other services and make them more readily available. These should not rely on imported costly equipment, raw material and technology. The transfer of technology among nations should be enhanced and should concentrate on methods that are functional and relate to prevailing conditions.

F. Equalization of opportunities

21. To achieve the goals of "full participation and equality", rehabilitation measures aimed at the disabled individual are not sufficient. Experience shows that it is largely the environment which determines the effect of an impairment or a disability on a person's daily life. A person is handicapped when he or she is denied the opportunities generally available in the community that are necessary for the fundamental elements of living, including family life, education, employment, housing, financial and personal security, participation in social and political groups, religious activity, intimate and sexual relationships, access to public facilities, freedom of movement and the general style of daily living.

22. Societies sometimes cater only to people who are in full possession of all their physical and mental faculties. They have to recognize the fact that, despite preventive efforts, there will always

be a number of people with impairments and disabilities, and that societies have to identify and remove obstacles to their full participation. Thus, whenever pedagogically possible, education should take place in the ordinary school system, work be provided through open employment and housing be made available as to the population in general. It is the duty of every Government to ensure that the benefits of development programmes also reach disabled citizens. Measures to this effect should be incorporated into the general planning process and the administrative structure of every society. Extra services which disabled persons might need should, as far as possible, be part of the general services of a country.

23. The above does not apply merely to Governments. Anyone in charge of any kind of enterprise should make it accessible to people with disabilities. This applies to public agencies at various levels, to non-governmental organizations, to firms and to private individuals. It also applies to the international level.

24. People with permanent disabilities who are in need of community support services, aids and equipment to enable them to live as normally as possible both at home and in the community should have access to such services. Those who live with such disabled persons and help them in their daily activities should themselves receive support to enable them to have adequate rest and relaxation and an opportunity to take care of their own needs.

25. The principle of equal rights for the disabled and non-disabled implies that the needs of each and every individual are of equal importance, that these needs must be made the basis for the planning of societies, and that all resources must be employed in such a way as to ensure, for every individual, equal opportunity for participation. Disability policies should ensure the access of the disabled to all community services.

26. As disabled persons have equal rights, they also have equal obligations. It is their duty to take part in the building of society. Societies must raise the level of expectation as far as disabled persons are concerned, and in so doing mobilize their full resources for social change. This means, among other things, that young disabled persons should be provided with career and vocational opportunities—not early retirement pensions or public assistance.

27. Persons with disabilities should be expected to fulfil their role in society and meet their obligations as adults. The image of disabled persons depends on social attitudes based on different factors that may be the greatest barrier to participation and equality. We

see the disability, shown by the white cane, crutches, hearing aids and wheelchairs, but not the person. What is required is to focus on the ability, not on the disability of disabled persons.

28. All over the world, disabled persons have started to unite in organizations as advocates for their own rights to influence decision-makers in Governments and all sectors of society. The role of these organizations includes providing a voice of their own, identifying needs, expressing views on priorities, evaluating services and advocating change and public awareness. As a vehicle of self-development, these organizations provide the opportunity to develop skills in the negotiation process, organizational abilities, mutual support, information-sharing and often vocational skills and opportunities. In view of their vital importance in the process of participation, it is imperative that their development be encouraged.

29. Mentally handicapped people are now beginning to demand a voice of their own and insisting on their right to take part in decision-making and discussion. Even those with limited communication skills have shown themselves able to express their point of view. In this respect, they have much to learn from the self-advocacy movement of persons with other disabilities. This development should be encouraged.

30. Information should be prepared and disseminated to improve the situation of disabled persons. The co-operation of all public media should be sought to bring about presentations that will promote an understanding of the rights of disabled persons aimed at the public and the persons with disabilities themselves, and that will avoid reinforcing traditional stereotypes and prejudices.

G. Concepts adopted within the United Nations system

31. In the Charter of the United Nations, the reaffirmation of the principles of peace, the faith in human rights and fundamental freedoms, the dignity and worth of the human person and the promotion of social justice, are given primary importance.

32. The Universal Declaration of Human Rights affirms the right of all people, without distinction of any kind, to marriage; property ownership; equal access to public services; social security; and the realization of economic, social and cultural rights. The International Covenants on Human Rights,[b] the Declaration on the Rights of Mentally Retarded Persons,[c] and the Declaration on the Rights of Disabled Persons[d] give specific expression to the principles contained in the Universal Declaration of Human Rights.

33. The Declaration on Social Progress and Development[e] proclaims the necessity of protecting the rights of physically and mentally disadvantaged persons and assuring their welfare and rehabilitation. It guarantees everyone the right to and opportunity for useful and productive labour.

34. Within the United Nations Secretariat, a number of offices carry out activities related to the above concepts as well as to the World Programme of Action. They include: the Division of Human Rights; the Department of International Economic and Social Affairs; the Department of Technical Co-operation for Development; the Department of Public Information; the Division of Narcotic Drugs and the United Nations Conference on Trade and Development. The regional commissions also have an important role: the Economic Commission for Africa in Addis Ababa (Ethiopia), the Economic Commission for Europe in Geneva (Switzerland), the Economic Commission for Latin America in Santiago (Chile), the Economic and Social Commission for Asia and the Pacific in Bangkok (Thailand), the Economic Commission for Western Asia in Baghdad (Iraq).

35. Other organizations and programmes of the United Nations have adopted approaches related to development that will be significant in implementing the World Programme of Action concerning Disabled Persons. These include:

(*a*) The mandate contained in General Assembly resolution 3405 (XXX) on New Dimensions in Technical Co-operation, which directs the United Nations Development Programme, *inter alia*, to take into account the importance of reaching the poorest and most vulnerable sections of society when responding to Governments' requests for help in meeting their most urgent and critical needs and which encompasses the concepts of technical co-operation among developing countries;

(*b*) The concept adopted by the United Nations Children's Fund (UNICEF) of basic services for all children and the strategy adopted by it in 1980 to emphasize strengthening family and community resources to assist disabled children in their natural environments;

(*c*) The Office of the United Nations High Commissioner for Refugees (UNHCR) with its programme for disabled refugees;

(*d*) The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which is concerned, among other things, with the prevention of impairments

among Palestine refugees and the lowering of social and physical barriers which confront disabled members of the refugee population;

(*e*) The concepts of specific measures of disaster preparedness and prevention for those already disabled, and of the prevention of permanent disability as a result of injury or treatment received at the time of a disaster, advanced by the Office of the United Nations Disaster Relief Co-ordinator (UNDRO);

(*f*) The United Nations Centre for Human Settlements (UNCHS) with its concern about physical barriers and general access to the physical environment;

(*g*) The United Nations Industrial Development Organization (UNIDO); the activities of UNIDO cover the production of drugs essential for the prevention of disability as well as of technical devices for the disabled.

36. The specialized agencies of the United Nations system, which are involved in promoting, supporting and carrying out field activities, have a long record of work related to disability. Programmes of disability prevention, nutrition, hygiene, education of disabled children and adults, vocational training, job placement and others, represent a store of experience and know-how which opens up opportunities for further accomplishments and, at the same time, makes it possible to share these experiences with governmental and non-governmental organizations concerned with disability matters. They include:

(*a*) The basic needs strategy of the International Labour Organisation (ILO) and the principles set forth in the ILO recommendation No. 99 concerning vocational rehabilitation of the disabled, 1955;

(*b*) The Food and Agriculture Organization of the United Nations (FAO) with its emphasis on the relation between nutrition and disability;

(*c*) The concept of adapted education recommended by an expert group of the United Nations Educational, Scientific and Cultural Organization (UNESCO) on education of disabled persons has been reinforced by two guiding principles of the Sundberg Declaration:[f]

— Disabled persons shall receive from the community services adapted to their specific personal needs;

– Through decentralization and sectorization of services, the needs of disabled persons shall be taken into account and satisfied within the framework of the community to which they belong;

(*d*) The World Health Organization's programme of health for all by the year 2000 and the related primary health care approach, through which the member States of the World Health Organization have already committed themselves to preventing diseases and impairments leading to disabilities. The concept of primary health care, as elaborated by the International Conference on Primary Health Care held at Alma-Ata in 1978, and the application of this concept to the health aspects of disability, are described in the World Health Organization's policy on this subject, approved by the World Health Assembly in 1978;

(*e*) The International Civil Aviation Organization (ICAO) has approved recommendations to contracting States concerning facilities of movement and provision of facilities for disabled passengers;

(*f*) The Executive Committee of the Universal Postal Union (UPU) has adopted a recommendation inviting all national postal administrations to improve access to their facilities for disabled persons.

II. CURRENT SITUATION

A. General description

37. There is a large and growing number of persons with disabilities in the world today. The estimated figure of 500 million is confirmed by the results of surveys of segments of population, coupled with the observations of experienced investigators. In most countries, at least one person out of 10 is disabled by physical, mental or sensory impairment, and at least 25 per cent of any population is adversely affected by the presence of disability.

38. The causes of impairments vary throughout the world, as do the prevalence and consequences of disability. These variations are the result of different socio-economic circumstances and of the different provisions that each society makes for the well-being of its members.

39. A survey carried out by experts has produced the estimate of at least 350 million disabled persons living in areas where the services needed to assist them in overcoming their limitations are not

available. To a large extent, disabled persons are exposed to physical, cultural and social barriers which handicap their lives even if rehabilitation assistance is available.

40. Many factors are responsible for the rising numbers of disabled persons and the relegation of disabled persons to the margin of society. These include:

(*a*) Wars and the consequences of wars; and other forms of violence, destruction, poverty, hunger, epidemics, major shifts in population;

(*b*) A high proportion of overburdened and impoverished families; overcrowded and unhealthy housing and living conditions;

(*c*) Populations with a high proportion of illiteracy and little awareness of basic social services or of health and education measures;

(*d*) An absence of accurate knowledge about disability, its causes, prevention and treatment; this includes stigma, discrimination and misconceived ideas on disability;

(*e*) Inadequate programmes of primary health care and services;

(*f*) Constraints, including a lack of resources, geographical distance, physical and social barriers, that make it impossible for many people to take advantage of available services;

(*g*) The channelling of resources to highly specialized services that are not relevant to the needs of the majority of people who need help;

(*h*) The absence or weakness of an infrastructure of related services for social assistance, health, education, vocational training and placement;

(*i*) Low priority in social and economic development for activities related to equalization of opportunities, disability prevention and rehabilitation;

(*j*) Industrial, agricultural and transportation-related accidents;

(*k*) Natural disaster and earthquake;

(*l*) Pollution of the physical environment;

(*m*) Stress and other psycho-social problems associated with the transition from a traditional to a modern society;

(*n*) The imprudent use of medication, the misuse of therapeutic substances and the illicit use of drugs and stimulants;

(*o*) The faulty treatment of injured persons at the time of a disaster, which can be the cause of avoidable disability;

(*p*) Urbanization and population growth and other indirect factors.

41. The relationship between disability and poverty has been clearly established. While the risk of impairment is much greater for the poverty-stricken, the converse is also true. The birth of an impaired child, or the occurrence of disability in the family, often places heavy demands on the limited resources of the family and strains on its morale, thus thrusting it deeper into poverty. The combined effect of these factors results in higher proportions of disabled persons among the poorest strata of society. For this reason, the number of affected families living at the poverty level steadily increases in absolute terms. The negative impact of these trends seriously hinders the development process.

42. Existing knowledge and skills could prevent the onset of many impairments and disabilities, could assist affected people in overcoming or minimizing their disabilities, and could enable nations to remove barriers which exclude disabled persons from everyday life.

1. Disabilities in the developing countries

43. The problems of disability in developing countries need to be specially highlighted. As many as 80 per cent of all disabled persons live in isolated rural areas in the developing countries. In some of these countries, the percentage of the disabled population is estimated to be as high as 20 and, thus, if families and relatives are included, 50 per cent of the population could be adversely affected by disability. The problem is made more complex by the fact that, for the most part, disabled persons are also usually extremely poor people. They often live in areas where medical and other related services are scarce, or even totally absent and where disabilities are not and cannot be detected in time. When they do receive medical attention, if they receive it at all, the impairment may have become

irreversible. In many countries, resources are not sufficient to detect and prevent disability and to meet the need for the rehabilitation and supportive services of the disabled population. Trained personnel, research into newer and more effective strategies and approaches to rehabilitation and the manufacturing and provision of aids and equipment for disabled persons are quite inadequate.

44. In such countries, the disability problem is further compounded by the population explosion, which inexorably pushes up the number of disabled persons both in proportional and absolute terms. There is, thus, an urgent need, as the first priority, to help such countries to develop demographic policies to prevent an increase in the disabled population and to rehabilitate and provide services to the already disabled.

2. Special groups

45. The consequences of deficiencies and disablement are particularly serious for women. There are a great many countries where women are subjected to social, cultural and economic disadvantages which impede their access to, for example, health care, education, vocational training and employment. If, in addition, they are physically or mentally disabled their chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life. In families, the responsibility for caring for a disabled parent often lies with women, which considerably limits their freedom and their possibilities of taking part in other activities.

46. For many children, the presence of an impairment leads to rejection or isolation from experiences that are part of normal development. This situation may be exacerbated by faulty family and community attitudes and behaviour during the critical years when children's personalities and self-images are developing.

47. In most countries the number of elderly people is increasing, and already in some as many as two thirds of disabled people are also elderly. Most of the conditions which cause their disability (for example, arthritis, strokes, heart disease and deterioration in hearing and vision) are not common among younger disabled people and may require different forms of prevention, treatment, rehabilitation and support services.

48. With the emergence of "victimology" as a branch of criminology, the true extent of injuries inflicted upon the victims of crime, causing permanent or temporary disablement, is only now becoming generally known.

49. Victims of torture who have been disabled physically or mentally, not by accident of birth or normal activity, but by the deliberate infliction of injury, form another group of disabled persons.

50. There are over 10 million refugees and displaced persons in the world today as a result of man-made disasters. Many of them are disabled physically and psychologically as a result of their sufferings from persecution, violence and hazards. Most are in third-world countries, where services and facilities are extremely limited. Being a refugee is in itself a handicap, and a disabled refugee is doubly handicapped.

51. Workers employed abroad often find themselves in a difficult situation associated with a series of handicaps resulting from differences in environment, lack or inadequate knowledge of the language of the country of immigration, prejudice and discrimination, lack or deficiency of vocational training, and inadequate living conditions. The special position of migrant workers in the country of employment exposes them and their families to health hazards and increased risk of occupational accidents which frequently lead to impairment or disability. The situation of disabled migrant workers may be further aggravated by the necessity for them to return to the country of origin, where, in most cases, special services and facilities for the disabled are very limited.

B. Prevention

52. There is a steady growth of activities to prevent impairment, such as the improvement of hygiene, education, nutrition, better access to food and health care through primary health care approaches, with special attention to mother and child care; counselling parents on genetic and pre-natal care factors; immunization and control of diseases and infections; accident prevention; and improving the quality of the environment. In some parts of the world, such measures have a significant impact on the incidence of physical and mental impairment.

53. For a majority of the world's population, especially those living in countries in the early stages of economic development, these preventive measures effectively reach only a small proportion of the people in need. Most developing countries have yet to establish a system for the early detection and prevention of impairment through periodic health examinations, particularly for pregnant women, infants and young children.

54. In the Leeds Castle Declaration on the Prevention of Disablement of 12 November 1981, an international group of scien-

tists, doctors, health administrators and politicians calls attention, among others, to the following practical measures to prevent disablement:

"3. Impairment arising from malnutrition, infection and neglect could be prevented by inexpensive improvement in primary health care...

4. ...Many disabilities of later life can be postponed or averted. There are promising lines of research for the control of hereditary and degenerative conditions...

5. ...Disability need not give rise to handicap. Failure to apply simple remedies very often increase disability, and the attitudes and institutional arrangements of society increase the chance of disability placing people at a disadvantage. Sustained education of the public and of professionals is urgently needed.

6. Avoidable disability is a prime cause of economic waste and human deprivation in all countries, industrialized and developing. This loss can be reduced rapidly.

   The technology which will prevent or control most disablement is available and is improving. What is needed is commitment by society to overcome the problems. The priority of existing national and international health programmes must be shifted to ensure the dissemination of knowledge and technology...

7. Although technology for preventive and remedial control of most disabilities exists, the remarkable recent progress in bio-medical research promises revolutionary new tools which could greatly strengthen all interventions. Both basic and applied research deserve support over the coming years".

55. It is becoming increasingly recognized that programmes to prevent impairment or to ensure that impairments do not escalate into more limiting disabilities are less costly to society in the long run than having to care later for disabled persons. This applies, for instance, not least to occupational safety programmes, a still neglected field of concern in many countries.

C. Rehabilitation

56. Rehabilitation services are often provided by specialized institutions. However, there exists a growing trend towards placing greater emphasis on the integration of services in general public facilities.

57. There has been an evolution in both the content and the spirit of the activities described as rehabilitation. Traditional practice viewed rehabilitation as a pattern of therapies and services provided to disabled persons in an institutional setting, often under medical authority. This is gradually being replaced by programmes which, while still providing qualified medical, social and pedagogical services, also involve communities and families and help them to support the efforts of their disabled members to overcome the disabling effects of impairment within a normal social environment. Increasingly it is being recognized that even severely disabled persons can, to a great extent, live independently if the necessary support services are provided. The number requiring care in institutions is much smaller than had previously been assumed and even they can, to a great extent, live a life that is independent in its essential elements.

58. Many disabled persons require technical aids. In some countries the technology needed to produce such items is well developed, and highly sophisticated devices are manufactured to assist the mobility, communication and daily living of disabled individuals. The costs of such items are high, however, and only a few countries are able to provide such equipment.

59. Many people need simple equipment to facilitate mobility, communication and daily living. Such aids are produced and available in some countries. In many other countries, however, they cannot be obtained because of a lack of their availability and/or of high cost. Increasing attention is being given to the design of simpler, less expensive devices, with local methods of production which are more easily adapted to the country concerned, more appropriate to the needs of most disabled persons and more readily available to them.

D. Equalization of opportunities

60. The rights of persons with disabilities to participate in their societies can be achieved primarily through political and social actions.

61. Many countries have taken important steps to eliminate or reduce barriers to full participation. Legislation has in many cases been enacted to guarantee to disabled persons the rights to, and opportunities for, schooling, employment and access to community facilities, to remove cultural and physical barriers and to proscribe discrimination against disabled persons. There has been a movement away from institutions to community-based living. In some developed and developing countries, the emphasis in schooling is increasingly on "open education", with a corresponding decrease in institutions and special schools. Methods of making public transport systems accessible have been devised, as well as methods of making information accessible for sensory-disabled persons. Awareness of the need for such measures has increased. In many cases, public education and awareness campaigns have been launched to educate the public to alter its attitudes and actions towards disabled persons.

62. Often, disabled persons have taken the lead in bringing about an improved understanding of the process of equalization of opportunities. In this context, they have advocated their own integration into the mainstream of society.

63. Despite such efforts, disabled persons are yet far from having achieved equal opportunities and the degree of integration of disabled persons into society is yet far from satisfactory in most countries.

1. Education

64. At least 10 per cent of children are disabled. They have the same right to education as non-disabled persons and they require active intervention and specialized services. But most disabled children in developing countries receive neither specialized services nor compulsory education.

65. There is a great variation from some countries with a high educational level for disabled persons to countries where such facilities are limited or non-existent.

66. There is a lack in existing knowledge of the potential of disabled persons. Furthermore, there is often no legislation which deals with their needs and a shortage of teaching staff and facilities. Disabled persons have in most countries so far not benefited from a life-long education.

67. Significant advances in teaching techniques and important innovative developments have taken place in the field of special education and much more can be achieved in the education of disabled persons. But the progress is mostly limited to a few countries or only a few urban centres.

68. The advances concern early detection, assessment and intervention, special education programmes in a variety of settings, with many disabled children able to participate in a regular school setting, while others require very intensive programmes.

2. Employment

69. Many persons with disabilities are denied employment or given only menial and poorly remunerated jobs. This is true even though it can be demonstrated that with proper assessment, training and placement, the great majority of disabled persons can perform a large range of tasks in accordance with prevailing work norms. In times of unemployment and economic distress, disabled persons are usually the first to be discharged and the last to be hired. In some industrialized countries experiencing the effects of economic recession, the rate of unemployment among disabled job-seekers is double that of able-bodied applicants for jobs. In many countries various programmes have been developed and measures taken to create jobs for disabled persons. These include sheltered and production workshops, sheltered enclaves, designated positions, quota schemes, subsidies for employers who train and subsequently engage disabled workers, co-operatives of and for the disabled, etc. The actual number of disabled workers employed in either regular or special establishments is far below the number of employable disabled workers. The wider application of ergonomic principles leads to adaptation of the work place, tools, machinery and equipment at relatively little cost and helps widen employment opportunities for the disabled.

70. Many disabled persons, particularly in the developing countries, live in rural areas. When the family economy is based on agriculture or other rural occupations and when the traditional extended family exists, it may be possible for most disabled persons to be given some useful tasks to perform. As more families move from rural areas to urban centres, as agriculture becomes more mechanized and commercialized, as money transactions replace barter systems and as the institution of the extended family disintegrates, the vocational plight of disabled persons becomes

more severe. For those living in urban slums, competition for employment is heavy, and other economically productive activity is scarce. Many disabled persons in such areas suffer from enforced inactivity and become dependent; others must resort to begging.

3. Social questions

71. Full participation in the basic units of society – family, social groups and community – is the essence of human experience. The right to equality of opportunity for such participation is set forth in the Universal Declaration of Human Rights and should apply to all people, including those with disabilities. In reality, however, disabled persons are often denied the opportunities of full participation in the activities of the socio-cultural system of which they are a part. This deprivation comes about through physical and social barriers that have evolved from ignorance, indifference and fear.

72. Attitudes and behaviour often lead to the exclusion of disabled persons from social and cultural life. People tend to avoid contact and personal relationships with those who are disabled. The pervasiveness of the prejudice and discrimination affecting disabled persons and the degree to which they are excluded from normal social intercourse produce psychological and social problems for many of them.

73. Too often, the professional and other service personnel with whom disabled persons come into contact fail to appreciate the potential for participation by disabled persons in normal social experiences and thus do not contribute to the integration of disabled individuals and other social groups.

74. Because of these barriers, it is often difficult or impossible for disabled persons to have close and intimate relationships with others. Marriage and parenthood are often unattainable for people who are identified as "disabled", even when there is no functional limitation to preclude them. The needs of mentally handicapped people for personal and social relationships, including sexual partnership, are now increasingly recognized.

75. Many persons with disabilities are not only excluded from the normal social life of their communities but in fact confined in institutions. While the leper colonies of the past have been partly done away with and large institutions are not as numerous as they once were, far too many people are today institutionalized when there is nothing in their condition to justify it.

76. Many disabled persons are excluded from active participation in society because of doorways that are too narrow for wheelchairs; steps that cannot be mounted leading to buildings, buses, trains and aircraft; telephones and light switches that cannot be reached; sanitary facilities that cannot be used. Similarly they can be excluded by other types of barriers, for example oral communication which ignores the needs of the hearing impaired and written information which ignores the needs of the visually impaired. Such barriers are the result of ignorance and lack of concern; they exist despite the fact that most of them could be avoided at no great cost by careful planning. Although some countries have enacted legislation and launched campaigns of public education to eliminate such obstacles, the problem remains a crucial one.

77. Generally, existing services, facilities and social actions for the prevention of impairment, the rehabilitation of disabled persons and their integration into society are closely linked to the Governments' and society's willingness and ability to allocate resources, income and services to disadvantaged population groups.

E. Disability and a new international economic order

78. The transfer of resources and technology from developed to developing countries as envisaged within the framework of the new international economic order, as well as other provisions for strengthening the economies of developing nations, would, if implemented, be of benefit to the people of these countries, including the disabled. Improvement of economic conditions in the developing countries, particularly their rural areas, would provide new employment opportunities for disabled persons and needed resources to support measures for prevention, rehabilitation and the equalization of opportunities. The transfer of appropriate technology, if properly managed, could lead to the development of industries specializing in the mass production of devices and aids for dealing with the effects of physical, mental or sensory impairments.

79. The International Development Strategy for the Third United Nations Development Decade[g] states that particular efforts should be made to integrate the disabled in the development process and that effective measures for prevention, rehabilitation and equalization of opportunities are therefore essential. Positive action to this end would be part of the more general effort to mobilize all human resources for development. Changes in the international economic order will have to go hand in hand with domestic changes aimed at achieving full participation by disadvantaged population groups.

F. Consequences of economic and social development

80. To the extent that development efforts are successful in bringing about better nutrition, education, housing, improved sanitary conditions and adequate primary health care, the prospects of preventing impairment and treating disability greatly improve. Progress along these lines may also be especially facilitated in such areas as:

(*a*) The training of personnel in general fields such as social assistance, public health, medicine, education and vocational rehabilitation;

(*b*) Enhanced capacities for the local production of the appliances and equipment needed by disabled persons;

(*c*) The establishment of social services, social security systems, co-operatives and programmes for mutual assistance at the national and community levels;

(*d*) Appropriate vocational guidance and work preparation services as well as increased employment opportunities for disabled persons.

81. Since economic development leads to alterations in the size and distribution of the population, to modifications in life-styles and to changes in social structures and relationships, the services needed to deal with human problems are generally not being improved and expanded rapidly enough. Such imbalances between economic and social development add to the difficulties of integrating disabled persons into their communities.

III. PROPOSALS FOR THE IMPLEMENTATION OF THE WORLD PROGRAMME OF ACTION CONCERNING DISABLED PERSONS

A. Introduction

82. The objectives of the World Programme of Action concerning Disabled Persons are to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of "full participation" of disabled persons in social life and development, and of "equality". In implementing the World Programme due regard has to be paid to the special situation of developing countries and, in particular, of the least developed countries. The immensity of the task of improving living conditions for the whole population and the general scarcity of resources make the attainment of the objectives of the Programme much more difficult in these countries. At the same time, it should be recognized that the implementation of the World Programme of Action in itself will make a contribution to the development process through the mobilization of all human resources and the full participation of the entire population. Though some countries may already have initiated or carried out some of the actions recommended in this Programme, more needs to be done. This applies also to countries with a high general standard of living.

83. Since the situation of the disabled is closely connected with the overall development at the national level, the solution of problems in developing countries depends to a very large extent on the creation of adequate international conditions for the faster social and economic development. Accordingly, the establishment of a new international economic order is of direct relevance to the implementation of the objectives of the Programme. It is particularly essential that the flow of resources to developing countries be substantially increased, as agreed upon in the International Development Strategy for the Third United Nations Development Decade.

84. The realization of these goals will require a multisectoral and multidisciplinary global strategy for combined and co-ordinated policies and actions relevant to the equalization of opportunities of disabled persons, effective rehabilitation services and measures for prevention.

85. Disabled persons and their organizations should be consulted in the further development of the World Programme of Action and in its implementation. To this end, every effort should be made to

encourage the formation of organizations of disabled persons at the local, national, regional and international levels. Their unique expertise, derived from their experience, can make significant contributions to the planning of programmes and services for disabled persons. Through their discussion of issues they present points of view most widely representative of all concerns of disabled persons. Their impact on public attitudes warrants consultation with them and as a force for change they have significant influence on making disability issues a great priority. The disabled themselves should have a substantive influence in deciding the effectiveness of policies, programmes and services designed for their benefit. Special efforts should be made to involve mentally handicapped persons in this process.

B. National action

86. The World Programme of Action is designed for all nations. The time-span for its implementation and the choice of items to be implemented as a priority will, however, vary from nation to nation depending on the existing situation and their resource constraints, levels of socio-economic development, cultural traditions, and their capacity to formulate and implement the actions envisaged in the Programme.

87. National Governments bear the ultimate responsibility for the implementation of the measures recommended in the present section. Owing, however, to constitutional differences between countries, both local authorities and other bodies within the public and private sector will be called upon to implement the national measures contained in the World Programme of Action.

88. Member States should urgently initiate national long-term programmes to achieve the objectives of the World Programme of Action; such programmes should be an integral component of the nation's general policy for socio-economic development.

89. Matters concerning disabled persons should be treated within the appropriate general context and not separately. Each ministry or other body within the public or private sector responsible for, or working within, a specific sector should be responsible for those matters related to disabled persons which fall within its area of competence. Governments should establish a focal point (for example, a national commission, committee or similar body) to look into and follow the activities related to the World Programme of Action of various ministries, of other government agencies and of non-governmental organizations. Any mechanism set up should

involve all parties concerned, including organizations of disabled persons. The body should have access to decision-makers at the highest level.

90. To implement the World Programme of Action, it is necessary for Member States:

(*a*) To plan, organize and finance activities at each level;

(*b*) To create, through legislation, the necessary legal bases and authority for measures to achieve the objectives;

(*c*) To ensure opportunities by eliminating barriers to full participation;

(*d*) To provide rehabilitation services by giving social, nutritional, medical, educational and vocational assistance and technical aids to disabled persons;

(*e*) To establish or mobilize relevant public and private organizations;

(*f*) To support the establishment and growth of organizations of disabled persons;

(*g*) To prepare and disseminate information relevant to the issues of the World Programme of Action among all elements of the population, including persons with disabilities and their families;

(*h*) To promote public education to ensure a broad understanding of the key issues of the World Programme of Action and its implementation;

(*i*) To facilitate research on matters related to the World Programme of Action;

(*j*) To promote technical assistance and co-operation related to the World Programme of Action;

(*k*) To facilitate the participation of disabled persons and their organizations in decisions related to the World Programme of Action.

1. Participation of disabled persons in decision-making

91. Member States should increase their assistance to organizations of disabled persons and help them organize and co-ordinate the representation of the interests and concerns of disabled persons.

92. Member States should actively seek out and encourage in every possible way the development of organizations composed of or representing disabled persons. Such organizations, in whose membership and governing bodies disabled persons, or in some cases relatives, have a decisive influence, exist in many countries. Many of them have not the means to assert themselves and fight for their rights.

93. Member States should establish direct contacts with such organizations and provide channels for them to influence government policies and decisions in all areas that concern them. Member States should give the necessary financial support to organizations of disabled persons for this purpose.

94. Organizations and other bodies at all levels should ensure that disabled persons can participate in their activities to the fullest extent possible.

2. Prevention of impairment, disability and handicap

95. The technology to prevent and control most disablement is available and improving but is not always fully utilized. Member States should take appropriate measures for the prevention of impairment and disability and ensure the dissemination of relevant knowledge and technology.

96. Co-ordinated programmes of prevention at all levels of society are needed. They should include:

(*a*) Community-based primary health care systems that reach all segments of the population, particularly in rural areas and urban slums;

(*b*) Effective maternal and child health care and counselling, as well as counselling for family planning and family life;

(*c*) Education in nutrition and assistance in obtaining a proper diet, especially for mothers and children, including the production and utilization of foods rich in vitamins and other nutrients;

(*d*) Immunization against communicable diseases, in line with the objectives of the Expanded Programme of Immunization of the World Health Organization;

(*e*) A system for early detection and early intervention;

(*f*) Safety regulations and training programmes for the prevention of accidents in the home, in the work place, on the road and in leisure-related activities;

(*g*) Adaptation of jobs, equipment and the working environment and the provision of occupational health programmes to prevent the generation of occupational disabilities or diseases and their exacerbation;

(*h*) Measures to control the imprudent use of medication, drugs, alcohol, tobacco and other stimulants or depressants in order to prevent drug-related disability, particularly among school children and elderly people. Of particular concern also is the effect upon unborn children of imprudent consumption of these substances by pregnant women;

(*i*) Educational and public health activities that will assist people in attaining life-styles that will provide the maximum defence against the causes of impairment;

(*j*) Sustained education of the public and of professionals as well as public information campaigns related to disability prevention programmes;

(*k*) Adequate training for medical, para-medical and other persons who may be called upon to deal with casualties in emergencies;

(*l*) Preventive measures incorporated in the training of rural extension workers to assist in reducing incidence of disabilities;

(*m*) Well-organized vocational training and practical on-the-job training of workers with a view to preventing accidents at work and disabilities of different degrees. Attention should be paid to the fact that outdated technology is often used in developing countries. In many cases, old technology is transferred from industrial countries to developing countries. The old technology, inappropriate for the conditions in developing countries together with insufficient training and deficient labour protection, contributes to an increased number of accidents at work and to disabilities.

3. Rehabilitation

97. Member States should develop and ensure the provision of rehabilitation services necessary for achieving the objectives of the World Programme of Action.

98. Member States are encouraged to provide for all people the health care and related services needed to eliminate or reduce the disabling effects of impairment.

99. This includes the provision of social, nutritional, health and vocational services needed to enable disabled individuals to reach optimum levels of functioning. Depending on such factors as population distribution, geography and stages of development, services can be delivered through the following channels:

(*a*) Community-based workers;

(*b*) General facilities providing health, education, welfare and vocational services;

(*c*) Other specialized services where the general facilities are unable to provide the necessary services.

100. Member States should ensure the availability of aids and equipment appropriate to the local situation for all those to whose functioning and independence they are essential. It is necessary to ensure the provision of technical aids during and after the rehabilitation process. Follow-up repair services and replacement of aids that are obsolete are also needed.

101. It is necessary to make certain that disabled persons who need such equipment have the financial resources as well as the practical opportunities for obtaining them and learning to use them. Import taxes or other procedures that block the ready availability of aids and materials which cannot be manufactured in the country and must be obtained from other countries should be eliminated. It is important to support local production of aids that are suited to the technological, social and economic conditions under which they will be used. Development and production of technical aids should follow the overall technological development of a specific country.

102. To stimulate local production and development of technical aids, Member States should consider establishing national centres with a responsibility to support such local developments. In many

cases existing special schools, institutes of technology, etc., could serve as a basis for this. Regional co-operation in this connection should be considered.

103. Member States are encouraged to include within the general system of social services personnel competent to provide counselling and other assistance needed to deal with the problems of disabled persons and their families.

104. When the resources of the general social service system are inadequate to meet these needs, special services may be offered until the quality of the general system has been improved.

105. Within the context of available resources, Member States are encouraged to initiate whatever special measures may be necessary to ensure the provision and full use of services needed by disabled persons living in rural areas, urban slums and shanty towns.

106. Disabled persons should not be separated from their families and communities. The system of services must take into account problems of transportation and communication; the need for supporting social, health and education services; the existence of primitive and often hazardous living conditions; and, especially in some urban slums, social barriers that may inhibit people's readiness to seek or accept services. Member States should assure an equitable distribution of these services to all population groups and geographical areas according to need.

107. Health and social services for mentally ill persons have been particularly neglected in many countries. The psychiatric care of persons with mental illness should be supplemented by the provision of social support and guidance to these persons and their families, who are often under particular strain. Where such services are available, the length of stay and the probability of renewed referral to institutions are lessened. In cases where mentally retarded persons are additionally afflicted with problems of mental illness, provisions are necessary to ensure that health care personnel are aware of the distinct needs related to retardation.

4. Equalization of opportunities

(a) Legislation

108. Member States should assume responsibility for ensuring that disabled persons are granted equal opportunities with other citizens.

109. Member States should undertake the necessary measures to eliminate any discriminatory practices with respect to disability.

110. In drafting national human rights legislation, and with respect to national committees or similar co-ordinating national bodies dealing with the problems of disability, particular attention should be given to conditions which may adversely affect the ability of disabled persons to exercise the rights and freedoms guaranteed to their fellow citizens.

111. Member States should give attention to specific rights, such as the rights to education, work, social security and protection from inhuman or degrading treatment, and should examine these rights from the perspective of disabled persons.

(b) Physical environment

112. Member States should work towards making the physical environment accessible to all, including persons with various types of disability, as specified in paragraph 8 of this document.

113. Member States should adopt a policy of observing accessibility aspects in the planning of human settlements, including programmes in the rural areas of developing countries.

114. Member States are encouraged to adopt a policy ensuring disabled persons access to all new public buildings and facilities, public housing and public transport systems. Furthermore, measures should be adopted that would encourage access to existing public buildings and facilities, housing and transport wherever feasible, especially by taking advantage of renovation.

115. Member States should encourage the provision of support services to enable disabled persons to live as independently as possible in the community. In so doing, they should ensure that persons with a disability have the opportunity to develop and manage these services for themselves, as is now being done in some countries.

(*c*) Income maintenance and social security

116. Every Member State should work towards the inclusion, within its systems of laws and regulations, of provisions covering the general and supporting objectives of the World Programme of Action referring to social security.

117. Member States should ensure that disabled persons have equal opportunities to obtain all forms of income, maintenance thereof, and social security. Such a process should take place in forms adjusted to the economic system and degree of development of the Member State.

118. Where social security, social insurance and other such systems exist for the general population, they should be reviewed to make certain that adequate benefits and services for prevention, rehabilitation and the equalization of opportunities are provided for disabled persons and their families and that regulations under these systems, whether applicable to services providers or the services recipients, should not exclude or discriminate against such persons. The establishment and the development of a public system of social care and of industrial safety and health protection constitute essential prerequisites for achieving the aims set.

119. Easily accessible arrangements should be made by which disabled persons and their families can appeal, through impartial hearing, against decisions concerning their rights and benefits in this field.

(*d*) Education and training

120. Member States should adopt policies which recognize the rights of disabled persons to equal educational opportunities with others. The education of disabled persons should as far as possible take place in the general school system. Responsibility for their education should be placed upon the educational authorities and laws regarding compulsory education should include children with all ranges of disabilities, including the most severely disabled.

121. Member States should allow for increased flexibility in the application to disabled persons of any regulation concerning admission age, promotion from class to class and, when appropriate, in examination procedures.

122. Basic criteria are to be met when developing educational services for disabled children and adults. These services should be:

(*a*) *Individualized,* i.e., based on the assessed needs mutually agreed upon by authorities, administrators, parents and disabled students and leading to clearly stated curriculum goals and short-term objectives which are regularly reviewed and where necessary revised;

(*b*) *Locally accessible,* i.e., within reasonable travelling distance of the pupil's home or residence except in special circumstances;

(*c*) *Comprehensive,* i.e., serving all persons with special needs irrespective of age or degree of disability, and such that no child of school age is excluded from educational provision on grounds of severity of disability or receives educational services significantly inferior to those enjoyed by any other students;

(*d*) *Offering a range of choices* commensurate with the range of special needs in any given community.

123. Integration of disabled children into the general educational system requires planning by all parties concerned.

124. If, for some reasons, the facilities of the general school system are inadequate for some disabled children, schooling for these children should then be provided for an appropriate period of time in special facilities. The quality of this special schooling should be equal to that of the general school system and closely linked to it.

125. The involvement of parents at all levels of the educational process is vital. Parents should be given the necessary support to provide as normal a family environment for the disabled child as is possible. Personnel should be trained to work with the parents of disabled children.

126. Member States should provide for the participation of disabled persons in adult education programmes, with special attention to rural areas.

127. If the facilities of regular adult education courses are inadequate to meet the needs of some disabled persons, special courses or training centres may be needed until the regular programmes have been modified. Member States should grant disabled persons possibilities for education at the university level.

(*e*) Employment

128. Member States should adopt a policy and supporting structure of services to ensure that disabled persons in both urban and rural areas have equal opportunities for productive and gainful employment in the open labour market. Rural employment and the development of appropriate tools and equipment should be given particular attention.

129. Member States can support the integration of disabled persons into open employment through a variety of measures, such as incentive-oriented quota schemes, reserved or designated employment, loans or grants for small businesses and co-operatives, exclusive contracts or priority production rights, tax concessions, contract compliance or other technical or financial assistance to enterprises employing disabled workers. Member States should support the development of technical aids and facilitate access for disabled persons to aids and assistance, which they need to do their work.

130. The policy and supporting structures, however, should not limit the opportunities for employment and should not hinder the vitality of the private sector of the economy. Member States should remain able to take a variety of measures in response to their domestic situations.

131. There should be mutual co-operation at the central and local level between government and employers' and workers' organizations in order to develop a joint strategy and joint action with a view to ensuring more and better employment opportunities for disabled persons. Such co-operation could concern recruitment policies, measures to improve the work environment in order to prevent handicapping injuries and impairments, measures for rehabilitation of employees impaired in the job, e.g., by adjusting work places and work contents to their requirements.

132. These services should include vocational assessment and guidance, vocational training (including that in training workshops), placements and follow-up. Sheltered employment should be made available for those who, because of their special needs or particularly severe disabilities, may not be able to cope with the demands of competitive employment. Such provisions could be in the form of production workshops, homeworking, and self-employment schemes, and small groups of severely disabled people employed in sheltered conditions within competitive industry.

133. When acting as employers, central and local governments should promote employment of disabled persons in the public

sector. Laws and regulations should not raise obstacles to the employment of disabled persons.

(*f*) Recreation

134. Member States should ensure that disabled persons have the same opportunities for recreational activities as other citizens. This involves the possibility of using restaurants, cinemas, theatres, libraries, etc., as well as holiday resorts, sport arenas, hotels, beaches and other places for recreation. Member States should take action to remove all obstacles to this effect. Tourist authorities, travel agencies, hotels, voluntary organizations and others involved in organizing recreational activities or travel opportunities should offer their services to all and not discriminate against disabled persons. This involves, for instance, incorporating information on accessibility into their regular information to the public.

(*g*) Culture

135. Member States should ensure that disabled persons have the opportunity to utilize their creative, artistic and intellectual potential to the full, not only for their own benefit but also for the enrichment of the community. To this end, access to cultural activities should be ensured. If necessary, special arrangements should be made to meet the needs of individuals with mental or sensory impairments. These could include communication aids for the deaf, literature in braille and/or cassettes for the visually impaired and reading material adapted to the individual's mental capacity. The domain of cultural activities includes dance, music, literature, theatre and plastic arts.

(*h*) Religion

136. Measures should be undertaken to ensure that disabled persons have the opportunity to benefit fully from the religious activities available to the community. In this way, the full participation by disabled persons in these activities will be made possible.

(*i*) Sports

137. The importance of sports for disabled persons is becoming increasingly recognized. Member States should therefore encourage all forms of sports activities of disabled persons, *inter alia,* through the provision of adequate facilities and the proper organization of these activities.

5. *Community action*

138. Member States should give high priority to the provision of information, training and financial assistance to local communities for the development of programmes that achieve the objectives of the World Programme of Action.

139. Arrangements should be made to encourage and facilitate co-operation among local communities and the exchange of information and experience. A Government, benefiting from international technical assistance or technical co-operation in disability-related matters, should ensure that the benefits and results of the assistance reach the communities in greatest need.

140. It is important to enlist the active participation of local government bodies, agencies and community organizations, such as citizen's groups, trade unions, women's organizations, consumer organizations, service clubs, religious bodies, political parties and parents' associations. Each community could designate an appropriate body, where organizations of disabled persons could have an influence, to serve as a focal point of communication and co-ordination to mobilize resources and initiate action.

6. *Staff training*

141. All authorities responsible for the development and provision of services for disabled persons should give attention to staff matters, particularly to recruitment and training.

142. The training of community-based workers in the early detection of impairment, the provision of primary assistance and referral to appropriate facilities, and follow-up, are vital, as well as the training of medical teams and other personnel at referral centres. Whenever possible, these should be integrated into such related services as primary health care, schools and community development programmes. Member States should develop and intensify training for doctors which emphasizes the disabilities that can be produced by the indiscriminate use of some pharmaceutical products. Sale of proprietary/patent drugs whose unsupervised use could, in the long term, pose personal and public health hazards should be restricted.

143. If services related to mental and physical disabilities are to reach a growing number of disabled persons who receive none at present, it is necessary to provide them through various types of health and social workers in the local communities. Some of their

activities are already related to prevention and to services for disabled persons. They will need special guidance and instruction, for instance, on simple rehabilitation measures and techniques to be used by disabled persons and their families. Guidance might be given by rehabilitation professionals at the community or district level, according to the area covered. Special training will be necessary for the professionals at the peripheral level who would be responsible for the supervision of local programmes for persons with disability and for contact with rehabilitation and other services available in the region.

144. Member States should ensure that community workers receive, in addition to specialized knowledge and skills, comprehensive information concerning the social, nutritional, medical, educational and vocational needs of disabled persons. Community workers, with adequate training and supervision, can provide most services needed by disabled persons and can be a valuable asset in overcoming personnel shortages. Their training should include appropriate information on contraceptive technology and planned parenthood. Volunteers can also provide very useful services and other forms of support. Greater emphasis should be placed on expanding the knowledge, capabilities and responsibilities of providers of other services who are already at work in the community in related fields, such as teachers, social workers, professional auxiliary health service personnel, administrators, government planners, community leaders, clergy and family counsellors. Individuals working in service programmes for disabled persons should be trained to understand the reasons for, and importance of, seeking, stimulating and assisting the full participation of disabled persons and their families in decisions concerning care, treatment, rehabilitation and subsequent living and employment arrangements.

145. Special teacher training is a dynamic field, and wherever possible it should take place in the country in which the education is to be used, or at least in a place where the cultural background and level of development are not too different.

146. A prerequisite for successful integration is the provision of appropriate teacher-training programmes, both for ordinary teachers and special teachers. The concept of integrated education should be reflected in teacher-training programmes.

147. When training special teachers, it is important to cover as wide a spectrum as possible, since in many developing countries the special teacher will be a multidisciplinary team on his own. It

should be noted that a high level of training is not always necessary or desirable, and that the vast majority of personnel come from the middle and lower levels of training.

7. Information and public education

148. Member States should encourage a comprehensive public information programme about the rights, contributions and unmet needs of disabled persons that would reach all concerned, including the general public. In this connection, attitude change should be given special importance.

149. Guidelines should be developed in consultation with organizations of disabled persons to encourage the news media to give a sensitive and accurate portrayal of, as well as fair representation of, and reporting on, disabilities and disabled persons in radio, television, film, photography and print. An essential element in such guidelines would be that disabled persons should be able to present their problems to the public themselves and to suggest how they might be solved. The inclusion of information on the realities of disabilities in the curricula of journalists' training should be encouraged.

150. Public authorities are responsible for adapting their information so that it reaches everybody, including disabled persons. This does not apply only to the information mentioned above, but also to information concerning civil rights and obligations.

151. A public information programme should be designed to ensure that the most pertinent information reaches all appropriate segments of the population. In addition to the regular media and other normal channels of communication, attention should be given to:

(*a*) The preparation of special materials to inform disabled persons and their families of the rights, benefits and services available to them and of the steps to be taken to correct failures and abuses in the system. Such materials should be available in forms that can be used and understood by people with visual, hearing or other communication limitations;

(*b*) The preparation of special materials for groups within the population who are not easily reached by the normal channels of communication. Such groups may be separated by language, culture, levels of literacy, geographical distance and other factors;

(*c*) The preparation of pictorial material, audio-visual presentations and guidelines for use by community workers in remote areas and other situations where normal forms of communication may be less effective.

152. Member States should ensure that current information is available to disabled persons, their families and professionals regarding programmes and services, legislation, institutions, expertise, aids and devices etc.

153. The authorities responsible for public education should ensure the presentation of systematic information about the realities of disability and its consequences and about prevention, rehabilitation and the equalization of opportunities for disabled persons.

154. Disabled persons and their organizations should be given equal access, employment, adequate resources and professional training with regard to public information, so they may express themselves freely through the media and communicate their points of view and experiences to the general public.

C. International action

1. General aspects

155. The World Programme of Action, as adopted by the General Assembly, constitutes an international long-term plan based on extensive consultations with Governments, organs and bodies within the United Nations system and intergovernmental and non-governmental organizations, including organizations of and for disabled persons. Progress in reaching the goals of the Programme could be achieved more quickly, efficiently and economically if close co-operation were maintained at every level.

156. In view of the role that the Centre for Social Development and Humanitarian Affairs of the Department of International Economic and Social Affairs has been playing within the United Nations in the field of disability prevention, rehabilitation and equalization of opportunities for disabled persons, the Centre should be designated as the focal point for co-ordinating and monitoring the implementation of the World Programme of Action, including its review and appraisal.

157. The Trust Fund established by the General Assembly for the International Year of Disabled Persons should be used to meet requests for assistance from developing countries and organizations of disabled persons and to further the implementation of the World Programme of Action.

158. In general, there is a need to increase the flow of resources to developing countries to implement the objectives of the World Programme of Action. Therefore, the Secretary-General should explore new ways and means of raising funds and take the necessary follow-up measures for mobilizing resources. Voluntary contributions from Governments and from private sources should be encouraged.

159. The Administrative Committee on Co-ordination should consider the implications of the World Programme of Action for the organizations within the United Nations system and should use the existing mechanisms for continuing liaison and co-ordination of policy and action, including overall approaches on technical co-operation.

160. International non-governmental organizations should join in the co-operative effort to accomplish the objectives of the World Programme of Action. Existing relationships between such organizations and the United Nations system should be used for this purpose.

161. All international organizations and bodies are urged to co-operate with, and assist, organizations composed of, or representing, disabled persons and to ensure that they have opportunities to make their views known when subjects related to the World Programme of Action are discussed.

2. Human rights

162. In order to achieve the theme of the International Year of Disabled Persons, "Full participation and equality", it is strongly urged that the United Nations system makes all its facilities totally barrier-free, ensures that communication is fully available to sensory impaired persons, and adopts an affirmative action plan that includes administrative policies and practices to encourage the employment of disabled persons in the entire United Nations system.

163. In considering the status of disabled persons with respect to human rights, priority should be placed on the use of United Nations covenants and other instruments, as well as those of other international organizations within the United Nations system that protect the rights of all persons. This principle is consistent with the theme of the International Year of Disabled Persons, "Full participation and equality".

164. Specifically, organizations and bodies involved in the United Nations system responsible for the preparation and administration of international agreements, covenants and other instruments that might have a direct or indirect impact on disabled people should ensure that such instruments fully take into account the situation of persons who are disabled.

165. The States parties to the International Covenants on Human Rights should pay due attention, in their reports, to the application of the Covenants to the situation of disabled persons. The working group of the Economic and Social Council entrusted with the examination of reports under the International Covenant on Economic, Social and Cultural Rights and the Commission on Human Rights, which has the function of examining reports under the International Covenant on Civil and Political Rights, should pay due attention to this aspect of the reports.

166. Particular conditions may exist which inhibit the ability of disabled persons to exercise the human rights and freedoms recognized as universal to all mankind. Consideration should be given by the United Nations Commission on Human Rights to such conditions.

167. National Committees or similar co-ordinating bodies dealing with problems of disability should also pay attention to such conditions.

168. Incidences of gross violation of basic human rights, including torture, can be a cause of mental and physical disability. The Commission on Human Rights should give consideration, *inter alia,* to such violations for the purpose of taking appropriate ameliorative action.

169. The Commission on Human Rights should continue to consider methods of achieving international co-operation for the implementation of internationally recognized basic rights for all, including disabled persons.

3. *Technical and economic co-operation*

(a) Interregional assistance

170. The developing countries are experiencing increasing difficulties in mobilizing adequate resources for meeting the pressing needs of disabled persons and the millions of disadvantaged persons in these countries in the face of the pressing demands from high priority sectors such as agriculture, rural and industrial development, population control, etc., concerned with basic needs. Their efforts should therefore be supported by the international community, in line with paragraphs 82 and 83 above, and the flow of resources to developing countries should be substantially increased, as stated in the International Development Strategy for the Third United Nations Development Decade.

171. Inasmuch at most international technical co-operation and donor agencies can undertake to collaborate with national endeavours only on the basis of official requests from Governments, increased efforts should be made by all parties concerned with the establishment of programmes related to disabled persons to apprise Governments of the exact nature of the support that can be sought from these agencies.

172. The Vienna Affirmative Action Plan[h] prepared by the World Symposium of Experts on Technical Co-operation among Developing Countries and Technical Assistance for Prevention of Disability and Rehabilitation of Disabled Persons, could serve as guidelines for the implementation of technical co-operation activities within the World Programme of Action.

173. Those organizations within the United Nations system that have a mandate, resources and experience in areas related to the World Programme should explore, with the Governments to which they are accredited, ways of adding to existing or planned projects in different sectors components that would respond to the specific needs of disabled persons and the prevention of disability.

174. All international organizations whose activities have a bearing on financial and technical co-operation should be encouraged to ensure that priority is accorded to requests from Member States for assistance in the prevention of disability, rehabilitation and the equalization of opportunities which are in accordance with their natural priorities. Such measures will ensure the allocation of increased resources for both capital investment and recurrent

expenditure for services related to prevention, rehabilitation and equalization of opportunities. This action should be reflected in the programmes for economic and social development of all multilateral and bilateral aid agencies, including technical co-operation among developing countries.

175. In seeking to collaborate with Governments to serve better the needs of disabled persons, the various United Nations organizations, as well as bilateral and private institutions, should closely co-ordinate their inputs in order to contribute more efficiently to the attainment of established goals.

176. As most of the United Nations organizations involved already have the specific responsibility of promoting the establishment of projects or the addition of project components directed towards disabled persons, a clearer division of responsibilities, as set out below, should be established among them in order to improve the response of the United Nations system to the challenge of the International Year of Disabled Persons and the World Programme of Action:

(*a*) The United Nations and, in particular, the Department of Technical Co-operation for Development should, together with the specialized agencies and other intergovernmental and non-governmental organizations, carry out technical co-operation activities in support of the implementation of the World Programme of Action; in this connection, the Centre for Social Development and Humanitarian Affairs of the Department of International Economic and Social Affairs should continue to give substantive support, in the implementation of the World Programme of Action, to technical co-operation, projects and activities;

(*b*) The United Nations Development Programme should continue to use its field establishment to give considerable attention, within its normal programmes and procedures, to project requests from Governments that specially respond to the needs of disabled persons and to prevention of disability. It should particularly encourage technical co-operation in the field of disability prevention, rehabilitation and equalization of opportunities by using its various programmes and services, such as technical co-operation among developing countries, global and interregional projects and the Interim Fund for Science and Technology;

(*c*) The main efforts of UNICEF would continue to be directed towards better preventive measures involving greater sup-

port for maternal and child health services, health education, disease control and the improvement of nutrition; for those who are already disabled, UNICEF encourages the development of integrated education projects and supports rehabilitation activities at the community level, using inexpensive local resources;

(*d*) The specialized agencies, within their mandate and sectoral responsibilities, should give, on the basis of requests from Governments, still greater emphasis to efforts to help meet the needs of disabled persons by using the chances offered to them through the programming processes of individual countries and the establishment of regional, interregional and global projects, as well as through the use of their own resources, when feasible. Their different spheres of responsibility in this respect should be as follows: ILO—vocational rehabilitation and occupational safety and health; UNESCO—education of disabled children and adults; WHO—prevention of disability and medical rehabilitation; FAO—improvement of nutrition;

(*e*) In their lending activities, multilateral financial institutions should take into serious consideration the objectives and proposals of the World Programme of Action.

(*b*) Regional and bilateral assistance

177. The regional commissions of the United Nations and other regional bodies should encourage regional and subregional co-operation in the area of prevention of disability, rehabilitation of disabled persons and equalization of opportunities. They should monitor progress in their regions, identify needs, collect and analyse information, sponsor action-oriented research, supply advisory services and engage in technical co-operation activities. They should include in their action plans research and development, preparation of information materials and the training of personnel; and they should, as an interim measure, facilitate activities in the field of technical co-operation among developing countries which are related to the objectives of the World Programme of Action. They should promote the development of organizations of disabled persons as an essential resource in developing the activities referred to earlier in this paragraph.

178. Member States, in co-operation with regional bodies and commissions, should be encouraged to establish regional (or subregional) institutes or offices to promote the interests of persons with a disability, in consultation with organizations of disabled persons and the appropriate international organizations. Other

functions should be to promote the activities mentioned above. It is important to understand that the function of the institutes is not to provide direct services but to promote innovative concepts like community based rehabilitation, co-ordination, information, training and advice in organizational development of disabled persons.

179. Donor countries should attempt to find the means within their bilateral and multilateral technical assistance programmes to respond to requests for assistance from Member States relating to national or regional measures in the area of prevention, rehabilitation and the equalization of opportunities. These measures should include assistance to appropriate agencies and/or organizations to expand co-operative arrangements within and between regions. Technical co-operation agencies should actively recruit disabled persons at all levels and functions, including field positions.

4. Information and public education

180. The United Nations should carry out and continue activities to increase public awareness of the objectives of the World Programme of Action. To this end the substantive offices should regularly and automatically furnish the Department of Public Information (DPI) with information on their activities so as to enable it to publicize these activities through press releases, features, newsletters, fact sheets, booklets, radio and television interviews and in any other appropriate forms.

181. All agencies involved in projects and programmes that are connected with the World Programme of Action should continue in their endeavours to inform the public. Research should be undertaken by those agencies whose fields of specialization require involvement in such activity.

182. The United Nations, in collaboration with the specialized agencies concerned, should develop innovative approaches using a variety of media for conveying information, including the principles and objectives of the World Programme of Action, to audiences not regularly reached by conventional media or which are unaccustomed to using such media.

183. International organizations should assist national and community bodies in the preparation of public education programmes by suggesting curricula and providing teaching materials and background information about the objectives of the World Programme of Action.

D. Research

184. In view of the little knowledge that is available as to the place of the disabled person within different cultures, which in turn determine attitudes and behaviour patterns, there is a need to undertake studies focusing on the socio-cultural aspects of disability. This will give a more perceptive understanding of the relations between non-disabled and disabled persons in different cultures. The results of such studies will make it possible to propose approaches suited to the realities of the human environment. Furthermore, an effort should be made to develop social indicators relating to the education of disabled persons so as to analyse the problems involved and plan programmes accordingly.

185. Member States should develop a programme of research on the causes, types and incidence of impairment and disability, the economic and social conditions of disabled persons, and the availability and efficacy of existing resources to deal with these matters.

186. Research into the social, economic and participation issues that affect the lives of disabled persons and their families, and the ways these matters are dealt with by society, is of particular importance. Research data may be obtained through national statistical offices and census bureaux; however, it should be noted that a household survey programme designed to collect information about disability issues is more likely to produce useful results than a general census of the population.

187. There is also a need to encourage research with a view to developing better aids and equipment for disabled persons. Particular efforts should be devoted to finding solutions which are suited to the technological and economic conditions in developing countries.

188. The United Nations and its specialized agencies should follow the trends of international research into disability and related research issues to identify existing needs and priorities, while emphasizing innovative approaches to all forms of action recommended in the World Programme of Action.

189. The United Nations should encourage and assist in research projects designed to increase knowledge about the issues covered in the World Programme of Action. It is necessary for the United Nations to be familiar with research findings from various countries and to be aware of research proposals now pending approval. The United Nations also needs to give increased attention to

research results and to stress their use and their dissemination. A permanent link with bibliographical retrieval systems is highly recommended.

190. The regional commissions of the United Nations and other regional bodies should include in their action plans research activities to assist Governments in implementing the proposals contained in the World Programme of Action. The key to maximizing the effectiveness of research expenditure for the disabled is the dissemination and sharing of information on the results of research. International governmental and non-governmental agencies should play an active role in establishing collaborative mechanisms between regional and local institutions for joint studies and for the exchange of information.

191. Research at the medical, psychological and social levels offers the promise of reducing physical, mental and social disability. There is a need to develop programmes which include the identification of areas where the probability of progress through research is high. The difference between industrialized countries and developing countries should not prevent the development of fruitful collaboration since many problems are of universal concern.

192. Studies in the following fields are of value to both developing and developed countries:

(*a*) Clinical research into the containment of those events which cause disability; evaluation of the individual's functional capacity from the medical, psychological and social aspects, evaluation of rehabilitation programmes, including information aspects;

(*b*) Studies into the prevalence of disability, the functional limitations of the disabled, the conditions under which they live and the problems they face;

(*c*) Health and social service research, including research into the gains and costs of different rehabilitation and care policies, ways of making programmes as effective as possible and a search for alternative approaches. Studies on community care of disabled persons would be particularly relevant to developing countries, and the study and evaluation of experiments, as well as comprehensive demonstration programmes, would be of value to all. Much information is available which could be productive for secondary analysis.

193. Health and social science research institutions should be encouraged to undertake research and to collect information on disabled persons. Applied research activities are of particular value in the development of new techniques for the delivery of services, the preparation of information materials appropriate for different language and culture groups, and the training of personnel under conditions relevant to the region.

E. Monitoring and evaluation

194. It is essential that assessment of the situation relating to disabled persons should be carried out periodically and that a baseline should be established to measure developments. The most important criteria for evaluating the World Programme of Action are suggested by the theme of the International Year of Disabled Persons, "Full participation and equality". Monitoring and evaluation should be carried out at periodic intervals at the international and regional levels, as well as at the national level. Evaluation indicators should be selected by the United Nations Department of International Economic and Social Affairs in consultation with Member States and relevant United Nations agencies and other organizations.

195. The United Nations system should carry out a critical periodic evaluation of progress made in implementing the World Programme of Action and to that end should select appropriate indicators for evaluation in consultation with Member States. The Commission for Social Development should play an important role in this respect. The United Nations, together with the specialized agencies, should develop, on a continuing basis, suitable systems for the collection and dissemination of information so as to ensure the improvement of programmes at all levels on the basis of evaluation results. In this connection, the Centre for Social Development and Humanitarian Affairs should have an important role to play.

196. The regional commissions should be requested to carry out monitoring and evaluation functions that would contribute to the global assessments carried out at the international level. Other regional and intergovernmental bodies should be encouraged to take part in this process.

197. At the national level, an evaluation of programmes relating to disabled persons should be carried out periodically.

198. The Statistical Office is urged, together with other units of the Secretariat, the specialized agencies and regional commissions, to co-operate with the developing countries in evolving a realistic and practical system of data collection based either on total enumeration or on representative samples, as may be appropriate, in regard to various disabilities, and in particular, to prepare technical manuals/documents on how to use household surveys for the collection of such statistics, to be used as essential tools and frames of reference for launching action programmes in the post-IYDP years to ameliorate the condition of disabled persons.

199. In this extensive exercise the United Nations Centre for Social Development and Humanitarian Affairs should play a major role, supported by the United Nations Statistical Office.

200. The Secretary-General should report periodically on efforts by the United Nations and the specialized agencies to hire more disabled persons and to make their facilities and information more accessible to disabled persons.

201. On the basis of the results of the periodic evaluation and of developments in the world economic and social situation, it may be necessary periodically to revise the World Programme of Action. These revisions should take place every five years, the first being in 1987, based upon a report of the Secretary-General to the General Assembly at its forty-second session. The review should also constitute an input to the process of review and appraisal of the International Development Strategy for the Third United Nations Development Decade.

NOTES

[a] International Classification of Impairments, Disabilities and Handicaps (ICIDH), World Health Organization, Geneva, 1980

[b] General Assembly resolution 2200 A (XXI)

[c] General Assembly resolution 2856 (XXVI)

[d] General Assembly resolution 3447 (XXX)

[e] General Assembly resolution 2542 (XXIV)

[f] United Nations document A/36/766

[g] General Assembly resolution 35/56

[h] United Nations document IYDP/SYMP/L.2/Rev.1 of 16 March 1982

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